

MULTIPLE DEPEND. CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/018993	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER		AFTER	
	IND.	DEP.	1st AMENDMENT	2nd AMENDMENT
1	/		/	
2	/		/	
3	/		/	
4	3		/	
5	/		/	
6	/		/	
7	/		/	
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50				
TOTAL IND.	/		/	
TOTAL DEP.	/		/	
TOTAL CLAIMS	12		12	

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS